

INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY TO PAY BY DIRECT DEBIT

Please fill in the form using a ballpoint pen and send to:

Donor Fulfilment, Shared Services Centre, St John Ambulance, 5 Broadfield Close, Sheffield S8 0XN

MY PAYMENT DETAILS

Name(s) of account holder(s)

Address:

I would like to support St John Ambulance with a Direct Debit of £_____ monthly/quarterly/yearly

Starting on

1st 15th of _____ (month) _____ (year)

Instruction to your bank or building society

Please pay St John Ambulance Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with St John Ambulance and, if so, details will be passed electronically to my bank/building society.

Banks and building societies may not accept Direct Debit instructions for some types of account

BANK/BUILDING SOCIETY DETAILS

Bank/building society account number

Branch sort code

Name and full address of your bank or building society

To: the manager	Bank/building society
Address	
Postcode:	

Reference

Signature(s):

Date:

Service User Number:

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For St John Ambulance OFFICIAL USE ONLY

This is not part of the instruction to your bank or building society

GIFT AID DECLARATION

Make your gifts worth 25% more - at no extra cost

Boost your donation by 25p of Gift Aid for every £1 you donate. Gift Aid is reclaimed by the charity from the tax you pay for the current tax year.

Declaration: I want to treat as Gift Aid donations any donations I make on or after the date of this declaration and all donations that I have made in the past 4 years* to St John Ambulance.

I am a UK taxpayer and understand that if I pay less income tax and/or capital gains tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference. I understand the charity will reclaim 25p of tax on every £1 that I have given.

Signature _____ Date _____

Please notify St John Ambulance if you:*

• want to cancel this declaration • change your name or home address • no longer pay sufficient tax on your income and /or capital gains

* Please delete any that do not apply. If you have not been a taxpayer in the last 4 years, please indicate the year in which you first met this criteria _____.

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This guarantee should be detached and retained by the payer

The Direct Debit Guarantee

- This guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit, St John Ambulance will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request St John Ambulance to collect a payment, confirmation of the amount and date will be given to you at the time of the request
- If an error is made in the payment of your Direct Debit, by St John Ambulance or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society
- If you receive a refund you are not entitled to, you must pay it back when St John Ambulance asks you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

